

'port
'ious

This form is intended to partially fulfill the reporting requirement. Please provide all the information requested below.

DATA FOR A CONSECUTIVE 12-MONTH PERIOD:

MOU/Co-op: Garland Power & Light

Beginning: 10 / 1 / 2011 Ending: 9 / 30 / 2012
mm dd yyyy mm dd yyyy

CONTACT PERSON (Name & Title): David Koliba

ADDRESS: 217 N. Fifth Street

Please attach a copy of the detailed report containing the below information.

CITY: Garland **ZIP:** 75040

PHONE: 972-205-2659 EMAIL: DKOLIBA@GARLANDPOWER-LIGHT.ORG

[illegible]